

**TEMPLE ISRAEL OF GREAT NECK RELIGIOUS SCHOOL**  
**Nitzanim (K) to Zayin (7<sup>th</sup> Grade)**  
**REGISTRATION FORM & CONTRACT 2017-2018**



FAMILYID: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Hebrew Name: \_\_\_\_\_ M/F: \_\_\_\_ Birthday: \_\_\_\_\_ Grade-Sept. 2017: \_\_\_\_\_

*(Allergies, medications, food restrictions)* \_\_\_\_\_

*Does he/she have an IEP or special arrangements in Public School?* \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Hebrew Name: \_\_\_\_\_ M/F: \_\_\_\_ Birthday: \_\_\_\_\_ Grade-Sept. 2017: \_\_\_\_\_

*(Allergies, medications, food restrictions)* \_\_\_\_\_

*Does he/she have an IEP or special arrangements in Public School?* \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Hebrew Name: \_\_\_\_\_ M/F: \_\_\_\_ Birthday: \_\_\_\_\_ Grade-Sept. 2017: \_\_\_\_\_

*(Allergies, medications, food restrictions)* \_\_\_\_\_

*Does he/she have an IEP or special arrangements in Public School?* \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Hebrew Name: \_\_\_\_\_ M/F: \_\_\_\_ Birthday: \_\_\_\_\_ Grade-Sept. 2017: \_\_\_\_\_

*(Allergies, medications, food restrictions)* \_\_\_\_\_

*Does he/she have an IEP or special arrangements in Public School?* \_\_\_\_\_

**Check here if you would like to receive a phone call from Rabbi Amy Roth or Avi Siegel to discuss any additional information you feel necessary to help us better understand your child(ren)'s educational needs.**

**Emergency Contacts (if you are not available):**

<i>Emergency Contact 1</i>	<i>Emergency Contact 2</i>	<i>Emergency Contact 3</i>
<i>Relationship:</i> <i>Name &amp; Phone 1:</i> <i>Phone 2:</i>		

I GIVE Temple Israel permission to use photos of my child(ren) in its publicity such as in the Voice, on the TIGN website, in local newspapers, etc.

I DO NOT GIVE Temple Israel permission to use photos of my child(ren) in its publicity such as in the Voice, on the TIGN website, in local newspapers, etc.

**Please check a box and sign:** \_\_\_\_\_  
*(Temple Israel will assume permission for possible use of photos of your child(ren) unless you indicate otherwise. )*

**Please complete the information below.**

If you are already a Temple Member, or have enrolled for one of our schools in a previous year, please check one of the following:

- There have been no changes in my contact information in the last year.
- I have completed the information for any changes below.

If you are a new family, please complete all information below.


Family Name and Address: \_\_\_\_\_

**Adult #1 Information**

Adult #1: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Adult #1 Email Address: \_\_\_\_\_

**Adult #2 Information:**

Adult #2: \_\_\_\_\_  
Adult #2 Email Address: \_\_\_\_\_  
Address (correct if different than Adult #1): \_\_\_\_\_  
Home Phone (correct if different from Adult #1): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Form will not be**  **accepted without page 4.**

## SCHEDULE PREFERENCE

ROUBALDA

GRADE IN SEPTEMBER 2017	STUDENT'S FIRST NAME(S)	REQUEST 1 OR 2 FRIENDS PER CHILD (NEEDS TO BE RECIPROCAL) - NO GUARANTEES	SCHEDULE PREFERENCE
Nitzanim (K)			<input type="checkbox"/> Sunday 9:30am-12:00pm
Alef (1 <sup>st</sup> )			<input type="checkbox"/> Sunday 9:30am-12:00pm / Tuesday 4:00pm-6:30pm
Bet (2 <sup>nd</sup> )			<input type="checkbox"/> Sunday 9:30am-12:00pm / Tuesday 4:00pm- 6:30pm
Gimmel (3 <sup>rd</sup> )			<input type="checkbox"/> Sunday 9:30am-12:00pm / Tuesday 4:00pm-6:30pm
Dalet (4 <sup>th</sup> )			<input type="checkbox"/> Sunday 9:30am-12:00pm / Tuesday 4:00pm-6:30pm
Hay (5 <sup>th</sup> )			<input type="checkbox"/> Sunday 9:30am-12:00pm / Tuesday 4:00pm-6:30pm
Vav (6 <sup>th</sup> )			<input type="checkbox"/> Sunday 9:30am-12:00pm / Tuesday 4:00pm-6:30pm
Zayin (7 <sup>th</sup> ) @ Waxman HS / YH			<input type="checkbox"/> Tuesday /Thursday 5:30pm-7:30pm

### RELIGIOUS SCHOOL FEES 2017-2018

<b>\$725 (Nitzanim):</b>	<b># of students</b>	_____	x	<b>\$725</b>	=	\$ _____
<b>\$1,450 (Alef-Zayin):</b>	<b># of students</b>	_____	x	<b>\$1450</b>	=	\$ _____
				<b>Total Tuition</b>	=	\$ _____

*Perhaps you do not know that tuition alone only covers part of the costs of operating our Religious School. The school's expenses are significantly subsidized by synagogue membership dues and contributions. As a result, support provided by the Religious School Parent's Association underwrites the costs of equipment, programs, and "special touches" for things which the budget doesn't allow us to address. **Please support the PA with a dues payment of only \$36 per family.** Your PA dues truly enhance the quality and richness of our wonderful school! And, if you are able and interested in providing additional funds to the school, please enclose a voluntary contribution payable to Temple Israel along with your religious school tuition to be used by the synagogue in enhancing the religious school experience for our children. Thanks so much.*

**Please complete the payment agreement on page 4.**

**REGISTRATION GUIDELINES:**

☆ You will be Billed/Charged in July 2017. Deposit of 50% MUST BE RECEIVED by July 31<sup>st</sup>, 2017 in order for your child(ren) to start school.

☆ The remaining 50% balance must be paid by September 1, 2017. If you are paying the balance by credit card installments, there will be five equal installments commencing August 2017 and ending December 2017.

**I am aware of these guidelines and understand that (unless other arrangements have been made) if my balance is not paid in full by December 1<sup>st</sup>, 2017, my credit card will be charged for the balance.**

Signature: \_\_\_\_\_

**(No registrations will be accepted without a signature)**

**Deposit of 50%:**

\_\_\_\_\_: I am paying by check. Please bill me.

\_\_\_\_\_: I am paying by credit card. Please charge my card.

**Remainder of the tuition payment options:**

\_\_\_\_\_: I am paying the remaining 50% by check by September 1. Please bill me. *If my check is not received by September 1, my credit card will be charged.*

\_\_\_\_\_: I am paying the remainder in 5 equal installments commencing August 2017 and ending in December 2017.

\_\_\_\_\_: I am paying the remainder in \_\_\_\_ equal installments commencing \_\_\_\_\_ and ending in \_\_\_\_\_. Please charge the credit card provided.

Charge my:       American Express       Visa       Mastercard       Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**NO REGISTRATION WILL BE ACCEPTED WITHOUT CREDIT CARD INFORMATION.**